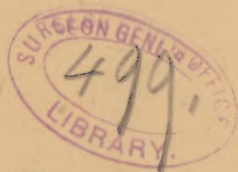


JOHNSON (W.N.)

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A CASE OF DEPRESSED FRACTURE OF THE SKULL IN A CHILD, WITH AN ENORMOUS CLOT; OPERATION; RECOVERY.

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SALLIE R., eleven years of age, was admitted to the Germantown Hospital on Saturday, July 29, 1893. Two days previously she had fallen from an apple-tree a distance of fifteen feet, and struck directly on her head, and immediately became unconscious. How long this primary unconsciousness continued is not definitely known, for after a time she recovered sufficiently to walk to her house, about five hundred yards distant. While there, she again became unconscious, and a physician was summoned, who did not recognize her true condition until Saturday morning, when he advised removal to the hospital. Upon admission, the following condition was present: The temperature was 97° , the pulse 135, the respiration 26. There was total unconsciousness, even to absence of the conjunctival reflex. Ptosis of the right eyelid was present, and the right pupil was widely dilated and insensible to light. The left pupil was normal. Urine and feces were passed involuntarily. I am unable to state whether there was hemiplegia or not, as owing to the precarious condition of the patient, examination in this direction was not pushed.

When the child's head was shaved, a large depression over the right side, between the frontal and parietal eminences, could be made out, although no external wound was visible.



No anesthetic being required, and with antiseptic precautions, an incision about three inches in length was made over the central portion of the depression, and a large stellate fracture, involving the lower border of the parietal bone, and the adjacent portion of the temporal bone, was revealed. With a thumb-gouge, an opening large enough to admit one blade of the rongeur forceps was made, and with this latter instrument three square inches of bone were removed, disclosing a large clot between the dura and the bone. This clot was so extensive, being fully the size of a seven months' placenta, that it was necessary to remove it piecemeal, and in order to do this, a considerably larger quantity of bone had to be chiselled away. When the clot had been entirely extracted, the space left was large enough to allow the hand to sweep downward as far as the orbital plate of the frontal bone; and upward to the longitudinal sinus. The brain-substance did not expand after the pressure was removed, and there was considerable capillary oozing from all that portion of the dura underneath the clot. To control this the cavity was thoroughly washed out with a hot solution of boric acid (gr. x : $\overline{3}$ j) and afterward filled with a 25 per cent. solution of boroglycerid, which was allowed to remain.

At this time the patient's condition seemed hopeless, the pulse being 178 and the heart sounds barely perceptible. Two large drainage-tubes were introduced into the wound; the scalp was rapidly approximated by means of four or five silk sutures, a large antiseptic dressing applied, and the girl was put to bed, surrounded with hot-water bottles, and a hypodermatic injection of strychnin, gr. $\frac{1}{80}$, administered.

At 3.30 P.M., half an hour after the completion of the operation, the pulse was 130, the respiration 34, and the temperature 101.4°. One hour later the girl opened her eyes, recognized her father, and complained of pain. At midnight she was perfectly conscious, and passed her

discharges voluntarily. She was given calomel in one-tenth-grain doses every half-hour, and strychnin sulfate hypodermatically, gr. $\frac{1}{30}$, every third hour, with milk-diet, and whiskey in moderate quantities.

The following day she complained of "seeing everything double." The right pupil was still widely dilated, but responded slightly to light. Ptosis of the right lid continued. At the end of the second week diplopia had disappeared, and the ptosis was markedly improved, although the dilatation of the pupil still continued.

The greater portion of the wound healed by granulation. The temperature never exceeded 101.4° , and this was immediately after operation, and the pulse dropped from its highest point—178, during the operation—to 81, on the third day, and remained there.

Then followed an excellent and uninterrupted recovery, and the child was discharged cured on September 9th, six weeks after operation. On September 15th there was still a slight dilatation of the right pupil. The wound was entirely healed, with the exception of one small sinus, and considerable regeneration of bone had taken place. On October 30th the wound had entirely healed, pulsation of the brain being distinctly visible over the scalp. There are no symptoms at present, except possibly a little slowness of mental activity.

